

4/03 03-18802 NEW

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: BRUCE BLACK

BUSINESS STREET ADDRESS: 11021 SW 42 CT DAVIE FL ZIP 33328

BUSINESS MAILING ADDRESS: SAME ZIP

BUSINESS PHONE: 954 614 1821

DESCRIBE TYPE OF BUSINESS: DELIVERY BOY

BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s) Home Address City/Zip Phone#

1. Bruce Black 11021 SW 42 CT DAVIE 33328 954 614 1821

2. \_\_\_\_\_

Federal ID Number or Social Security Number: \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Bruce Black  
Print Owner or Officers Name and Title

Bruce Black  
Signature of Owner or Officer

Office Use Only: Date <u>7/24/02</u> Category <u>06900</u> Fee <u>64.96</u> Rec# <u>34.73</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>03-18802</u> Control # <u>15337</u> Zoning <u>A-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval <u>Got</u> Date <u>7/31/03</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	LODATER 10 29586
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

Aug 20

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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